

---

# LETTERS TO THE EDITOR

---

## NRA on Gun Ownership

In "Reducing Firearm Injuries: The Role of Local Public Health Departments" [Public Health Rep 1999; 115:533-9], Price and Oden seem disappointed that their survey of public health departments found that relatively few are actively involved in anti-gun advocacy, not even in publicizing the amount of gun-related morbidity and mortality. Perhaps the public health departments believe in a more honest assessment of the nature of a problem before getting politically involved in dishonest ways.

Price and Oden, on the other hand, show no such reserve and rush right in. Their article starts by noting that "firearm-related morbidity and mortality are serious and growing public health problems" constituting an "epidemic." Later, they observe that we are moving toward 2003, "when firearm trauma may well be the leading cause of injury deaths." These statements are all false.

Both firearm-related morbidity and firearm-related mortality are declining, and have been for some years,<sup>1,2</sup> and thus, by definition, it is not an epidemic.<sup>3</sup> And the authors' ludicrous statement that firearm-related trauma will surpass motor vehicle-related trauma as a cause of death by 2003 was based on trends in gun-related and vehicle-related mortality that had ended by 1994 when the report was made.<sup>4</sup> Since that time, from being fewer than 2000 deaths apart, recent figures would suggest that sharply decreasing firearm-related mortality and fluctuating vehicular mortality means the figures are 9000 deaths apart,<sup>2</sup> with no likelihood of a change by 2003, unless there is a sudden and dramatic increase in gun-related

deaths and a similar decrease in vehicular deaths.

Perhaps the public health departments surveyed realized that, relative to motor vehicle injuries and others, firearm injuries simply fail to constitute the "big problem" Price and Oden believe, based on bogus data, to exist—especially as protective uses of guns outnumber misuses by a margin of at least two to one.<sup>5</sup> Perhaps, too, the public health departments surveyed observed that gun-related crimes outnumber gun-related morbidity and mortality by a margin of roughly five to one<sup>1,5</sup> and concluded that firearms-related violence is thus a criminal matter.

And perhaps the reason firearms were less frequently perceived as a major public health problem by respondents who owned guns is that these respondents were from rural areas, where gun ownership levels are generally high and the problem of gun-related violence is at its lowest level. The problem is more serious in urban settings where it is more clearly a crime problem and where there are lower levels of ownership and higher levels of gun-related morbidity and mortality.<sup>5</sup>

And, finally, perhaps a majority of the public health departments agreed with the statement that "the public health field does not have suitable methods available which can reduce firearm morbidity/mortality" because it is a true statement. If the public health field does have suitable methods, they have not been reported in any competently performed research on the issue. Anti-gun public health professionals have certainly asserted that gun-related violence is preventable, using public health methods, but they have produced no competent

research showing how it could be prevented—beyond hypothesizing a no-gun situation, and without suggesting how that could be achieved even if it were desirable.

*Paul H. Blackman, PhD*

*Research Coordinator*

*Institute for Legislative Action*

*National Rifle Association of America*

*Fairfax, VA*

## References

1. Cherry D, Annett JL, Mercy JA, Kresnow M, Pollock DA. Trends in nonfatal and fatal firearm-related injury rates in the United States, 1985–1995. *Ann Emerg Med* 1998;32:51-9.
2. Hoyert DL, Kochanek KD, Murphy SL. Deaths: Final data for 1997. *National Vital Statistics Reports*, Vol. 47, No. 19. Hyattsville (MD): National Center for Health Statistics (US); 1999.
3. Last JM. *A dictionary of epidemiology*. NY: Oxford University Press; 1995.
4. Deaths resulting from firearm- and motor-vehicle-related injuries—United States, 1968-1991. *MMWR Morb Mortal Wkly Rep* 1994;43:37-42.
5. Kleck G. *Targeting guns: firearms and their control*. New York: Aldine de Gruyter; 1997. ■

## Docs for Guns

The article by Price and Oden, "Reducing Firearm Injuries: The Role of Local Public Health Departments" [Public Health Rep 1999; 115:533-9] provided little information of value and seemed to be anti-gun advocacy masquerading as public health research. The authors' perspective is clear from several mentions of the role of "gun control advocates" in assisting local health departments, particularly regarding "gun-related policy changes." It is obvious that these authors are driven by a political rather than a scientific agenda.

The one finding of real interest appeared to surprise the authors,